

FOR USE BY
MEDICAL EXAMINERS
ONLY



The Commonwealth of Massachusetts
MEDICAL EXAMINER'S CERTIFICATE OF DEATH
REGISTRY OF VITAL RECORDS AND STATISTICS

2013-5345

OCME CASE NUMBER

0002566

REGISTERED NUMBER

STATE USE ONLY

STATE USE ONLY
4C HDSP
5 TYPE
8 HIS/PLACE
10 AGE
15 RES
15 EOS
23 DISP
31/32 AUT
34 MAJOR
35C WORK
35I PLACI
38-37 CERT
40A PPON

DECEDENT

INFORMANT

DISPOSITION

CERTIFIER

PERMANENT BLACK
INK ONLY

PRONOUNCEMENT
FORM ON FILE ☐

1 DECEDENT - NAME FIRST Tamerlan MIDDLE Tsarnaev LAST		2 SEX M.	3 DATE OF DEATH (Mo., Day, Yr.) April 19, 2013
4a PLACE OF DEATH (City/Town) Boston		4b COUNTY OF DEATH Suffolk	4c HOSPITAL OR OTHER INSTITUTION - Name (If not in either, give street and number) Beth Israel Deaconess Medical Center
5 PLACE OF DEATH (Check only one) <input checked="" type="checkbox"/> Hospital <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input checked="" type="checkbox"/> DOA <input type="checkbox"/> Nursing Home <input type="checkbox"/> Residence <input type="checkbox"/> Other (specify)		6 SOCIAL SECURITY NUMBER 030-86-7784	7 IF US WAR VETERAN Specify War No
8a WAS DECEDENT OF HISPANIC ORIGIN? (If yes, specify) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		8b RACE (specify) White	9 DECEDENT'S EDUCATION (highest grade completed) Elem-Sec (0-12) 12 College (1-4, 5+)
10a AGE - Last Birthday (Yrs) 26	10b UNDER 1 YEAR MOS	10c UNDER 1 DAY HRS MIN	10d DATE OF BIRTH (Mo., Day, Yr.) Oct. 21, 1986
11 BIRTHPLACE (City and State or Foreign Country) Elista Kalmykia, Russia			
12 MARRIED, NEVER MARRIED, WIDOWED OR DIVORCED Married		13 LAST SPOUSE (full name at birth or adoption) Katherine Russell	14a USUAL OCCUPATION (Prior, if retired) Never Worked
14b TYPE OF BUSINESS/INDUSTRY At Home			
15a RESIDENCE - No. and Street, City/Town, County, State/Country 410 Norfolk Street Cambridge, Middlesex, MA		15b Zip Code 02139	
16 FATHER - full name at birth or adoption Anzor Tsarnaev		17 STATE OF BIRTH (If not in US, name country) Kyrgyzstan	18 MOTHER - full name at birth or adoption Zubeidat Suleimanova
19 STATE OF BIRTH (If not in US, name country) Russia			
20 INFORMANT'S NAME Ruslan Tsarni		21 MAILING ADDRESS 5 Mastenbrook Ct. Montgomery, MD 20886	
22 RELATIONSHIP Uncle			
23 METHOD OF IMMEDIATE DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input checked="" type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input type="checkbox"/> Other		24 FUNERAL SERVICE LICENSEE OR OTHER DESIGNEE Ruslan Tsarni	
25 LICENSE # Other Designee			
26a PLACE OF DISPOSITION (Name of cemetery, crematory, or other) Al-Barzakh Muslim Cemetery		26b LOCATION (City/Town/State) Doswell, VA	
27 DATE OF DISPOSITION (Mo., Day, Yr.) May 9, 2013		28a/b NAME AND ADDRESS OF FACILITY OR OTHER DESIGNEE Ruslan Tsarni 5 Mastenbrook Ct. Montgomery, MD 20886	
29 PART I - CAUSE OF DEATH - SEQUENTIALLY LIST IMMEDIATE CAUSE THEN ANTECEDENT CAUSES THEN UNDERLYING CAUSE			
a Immediate Cause GUNSHOT WOUNDS OF TORSO AND EXTREMITIES			
b Due to AND BLUNT TRAUMA TO HEAD AND TORSO			
c Due to			
d Due to			
30 PART II - OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH			
31 AUTOPSY? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
34 MANNER OF DEATH <input type="checkbox"/> Natural <input type="checkbox"/> Accident <input checked="" type="checkbox"/> Homicide <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined <input type="checkbox"/> Pending Investigation <input type="checkbox"/>		35a DATE OF INJURY APRIL 19, 2013	35b TIME OF INJURY UNKNOWN AM PM
35c INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
35d DESCRIBE HOW INJURY OCCURRED SHOT BY POLICE AND THEN RUN OVER AND DRAGGED BY MOTOR VEHICLE		35e PLACE OF INJURY (Type) STREET	
35f LOCATION/ADDRESS OF INJURY LAUREL STREET NEAR INTERSECTION OF DEXTER AVENUE, WATERTOWN, MA			
38 MEDICAL EXAMINER CERTIFICATION (Name and Address) Henry M. Nields, MD, PhD, 720 ALBANY STREET BOSTON, MA 02118		37a APPX TIME OF DEATH UNKNOWN	37b DATE PRONOUNCED April 19, 2013
37c On the basis of examination and/or investigation in my opinion death occurred at the time, date, and place and due to the cause(s) stated (Signature) [Signature]		37d TIME PRONOUNCED 1:35 am AM PM	37e DATE SIGNED April 25, 2013
40a RN/PA/JP PRONOUNCEMENT? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	40b IF YES, DATE	40c IF YES, TIME AM PM	40d NAME OF PRONOUNCER TITLE <input type="checkbox"/> RN <input type="checkbox"/> PA <input type="checkbox"/> NP
41 DATE BURIAL PERMIT ISSUED May 8, 2013 2927		42 RECEIVED IN CITY/TOWN OF Boston	
43 DATE OF RECORD May 10, 2013			